

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**28021**

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 7096  
City St. Louis (No. Mississippi River & Grand Ave. St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1448 E. Prairie St., 9 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt. 68</u>		
7. AGE <u>abt. 68</u>	YEARS <u>68</u>	MONTHS <u>0</u>
DAYS <u>0</u>		IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 1933</u>		
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Geo. Strunk</u> (ADDRESS) <u>1448 E. Prairie Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Aug. 17, 1933</u>		
19. UNDERTAKER <u>Suedmeyer &amp; Sons</u> (ADDRESS) <u>3934 N. 29 St.</u>		
20. FILED <u>AUG 17 1933</u> <u>J. F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Asphyxiation due to drowning in Mississippi River  
166 Suicide

Other contributory causes of importance:  
166

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury Aug 17, 1933  
Where did injury occur? City  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Mississippi River  
Manner of injury drowning  
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) W. J. Kearney  
(Address) Deputy Coroner  
8/17/33

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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